## FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL								
OMB Num	3235-0076							
Expires: Estimated	April 3	30,2008						
Estimated	average	burden						
hours per r	esnonse	16.00						

279/11

SEC USE ONLY						
Prefix	Serial					
DA	TE RECEIVED					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Kimberlite CDO I, Ltd.  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE COMPANY
Timing current counters) time apply to	Decoration Report 18th
Type of Filing: New Filing Amendment	NEGONDO CO
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	12 1000
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Kimberlite CDO I, Ltd.	SECTION SECTION
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Maples Finance Limited, P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Cayman Islands	(345) 945-7099
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
The Issuer has been established as a special purpose vehicle for the limited purposes of acquiring or en Investments, issuing the Ordinary Shares and the Notes and entering into the Transaction Documents (e	tering into the Collateral Assets, acquiring the Eliq each such term as defined in the Offering Memora
Type of Business Organization	PROCESSED
✓ corporation	lease specify)PROCESSED
business trust   limited partnership, to be formed	A PARA RAPAR K
Month Year	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	THOMSON
CN for Canada; FN for other foreign jurisdiction)	en financial
GENERAL INSTRUCTIONS	

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ✓ Director Managing Partner Full Name (Last name first, if individual) White, Phillipa Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Finance Limited, P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Grand Cayman, Cayman Islands ✓ Director Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Watler, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Finance Limited, P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Grand Cayman, Cayman Islands Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ✓ Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: ☐ Director Promoter Managing Partner Full Name (Last name first, if individual) Maples Finance Limited Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Grand Cayman, Cayman Islands ☐ Beneficial Owner ☐ Executive Officer General and/or Check Box(es) that Apply: Director □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

		,	-14		B. I	FORMATI	ON ABOU	T OFFERI	NG				THE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP
1.	Has the	issuer solo	l, or does th	ne issuer in	itend to se	ll to non-a	ccredited i	nvestors in	this offeri	no?		Yes	No <b>E</b>
1.	mas the	133401 3010	i, or does in			Appendix,					••••••		
2.	What is	the minim	um investm					-				<sub>\$</sub> 10,	00.00
	2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3.									K				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	,		first, if indi rkets, LLC	ividual)									
			Address (N	lumber and	Street Ci	tv. State 7	in Code)						
			Floor, NY			•	•						
Naı	me of Ass	sociated Br	oker or De	aler									
Sto	too in Wh	ich Darson	Listed Has	Solicited	or Intende	to Solicit I	Purchasars						
Sta			or check							•••••	•••••	☑ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
		Last name Investmer	first, if indi	ividual)									
Bu	siness or	Residence	Address (1 New York,			ity, State, 2	Zip Code)				<u>-</u>		
			roker or De		10022								
Sta	ites in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	s" or check	individual	States)			•••••				<b>⊘</b> Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA DVV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful			first, if ind										
					·		<del> </del>						
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Bi	roker or De	aler	V	·						•	
Sta	ites in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)			•••••		••••••		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK]	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$_249,980,750.00
	EquityS	0.00	\$_0.00
	Common Preferred		0.00
	Convertible Securities (including warrants)\$	0.00	\$
	Partnership Interests	0.00	\$_0.00
	Other (Specify	0.00	\$_0.00
	Total	249,980,750.00	\$ 249,980,750.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$_250,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		2.00
	Transfer Agent's Fees		\$ <u>0.00</u>
	Printing and Engraving Costs		<u>\$_8,351.15</u>
	Legal Fees		\$_1,425,000.00
	Accounting Fees		\$_55,000.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify) Rating Agency Fees, Irish Stock Exchange Listing Fees, Underwriting Fees and Miscellaneous		\$ <u>8,311,648.85</u>
	Total		\$_9,800,000.00

#}*** - Age 267 →	C OFFERING WRICE NUM	iti od ovogstora experses vid sap ori	BOCKIDS	The second secon
	b. Enter the difference between the aggregate offers and total expenses furnished in response to Part C—proceeds to the issuer."	ing price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		<u>; 740,180,750.00</u>
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 0.00	<u> </u>
	Purchase of real estate		\$ 0.00	D\$ 0.00
	Purchase, rental or leasing and installation of macand equipment		_s <u>O.00</u>	D\$ 0.40
	Construction or leasing of plant buildings and faci	lities	\$ 0.00	0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	\$ 6.00	U\$ 0.08
	Repayment of indebtedness			
	Working capital		\$ 0.00	151, 701,123.00
	Other (specify):			
			\$ 0.00	
	Column Totals	······································	\$ 0.40	□\$240,180,750.00
	Total Payments Listed (column totals added)	······	<u> </u>	40,180,750.00
1	المراجعة الم	D. FEDERAY, SIGNATURE	Agric and the move	10 10 10 10 10 10 10 10 10 10 10 10 10 1
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	sion, upon writte	
Iss	uer (Print or Type)	Signature	Date	
K	imberlite CDO I, Ltd.	White	90	d OB
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		<del></del>
Pl	uillipa White	Director		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E STATE SIGN TERES Dept. 1 The same of	3				
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification					
provisions of such rule?		K			

#### See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Kimberlite CDO I, Ltd.	Signature D	90006
Name (Print or Type)	Title (Print or Type)	
Phillipa White	Director	

#### Instruction:

1.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 1 2 3 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price to non-accredited Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes State No **Investors** Amount **Investors** Yes No **Amount** AL AK AZAR $\mathsf{C}\mathsf{A}$ CO CTDE DC FL GA HI ID IL IN IA KS KY LA Subordinated Notes, \$2,000,000 ME X 1 \$2,000,000.00 X MD Subordinated Notes, \$33,250.00 MA X 2 \$35,000.00 X ΜI MN MS

#### **APPENDIX** 3 4 2 1 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price amount purchased in State waiver granted) offered in state investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Amount **Investors** Amount Yes No State Yes No MO MT NE NVNH Subordinated Notes, \$47,500.00 1 NJ \$50,000.00 NM Subordinated Notes, \$285,000.00 X 2 \$300,000.00 X NY Global and Subordinated Notes, \$247,615, 000 1 \$247,615,000.00 X NC ND OH OK OR PA RISC SD TN TX UT VT VA WA WV WI

	APPENDIX										
1		2	3		4						
	Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state and (Part C-Item 1)				amount pu	f investor and crchased in State C-Item 2)		(if yes, explan waiver	ate ULOE, attach attion of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
WY PR		The second secon									